

SEP 13 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Clay
 Township Fishing River
 City Excelsior Springs (No. _____)

Registration District No. 198
 Primary Registration District No. 3011

File No. 99 28683
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME Watt, John H.

(a) Residence, No. Veteran's Hospital, Excelsior Spgs. Mo.
 (Usual place of abode)

Green City Mo.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Velma Watt</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 16, 1891</u>		
7. AGE <u>42</u>	YEARS <u>11</u>	MONTHS <u>17</u>
IF LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. <u>farming</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year) <u>unknown</u>
	11. Total time (years) spent in this occupation <u>unknown</u>

12. BIRTHPLACE (CITY OR TOWN) Green City, Mo.
(STATE OR COUNTRY)13. NAME William Watt14. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)15. MAIDEN NAME Ila Kidd16. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)17. INFORMANT Records, Vet. Adm. Facility
(ADDRESS) Excelsior Spgs. Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Green City Mo. DATE Aug. 3, 193419. UNDERTAKER Herbert Hope
(ADDRESS) Excelsior Spgs. Mo.20. FILED 8-5-1934 Mr. Rea McCrory
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 2, 1934 1922. I HEREBY CERTIFY, That I attended deceased from July 13, 1934, 19, to Aug. 2, 1934, 19.I last saw him alive on Aug. 2, 1934, 19. Death is saidto have occurred on the date stated above, at 8:12 P.m.

The principal cause of death and related causes of importance were as follows:

Metastatic Teratoma, retroperi-
toneal with degeneration and
hemorrhage. (origin rt. testicle
which was removed Dec. 5, 1933)

Date of onset

Other contributory causes of importance:

Name of operation none Date of _____What test confirmed diagnosis? _____ Was there an autopsy? YES23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19.Where did injury occur? _____
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

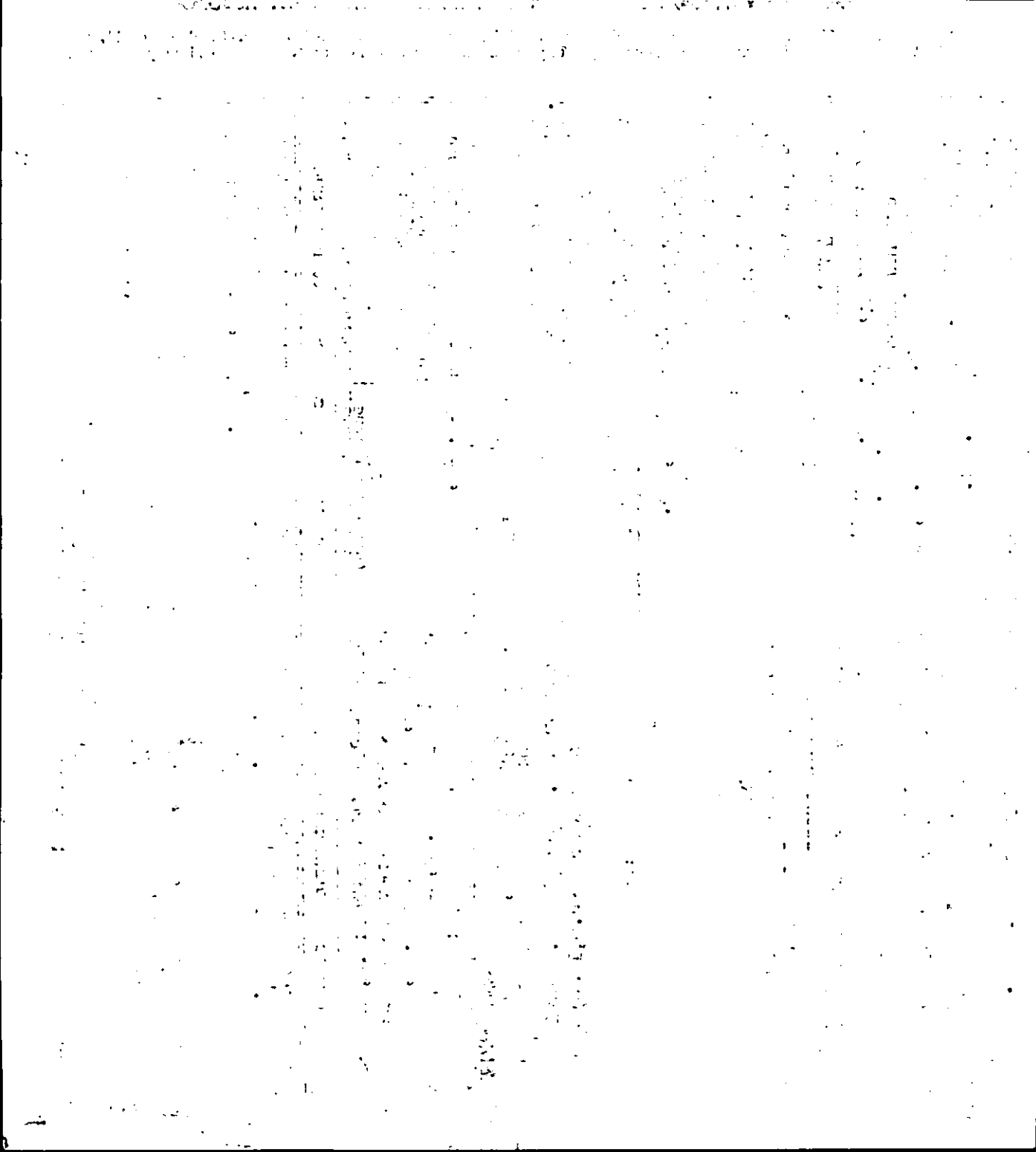
Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify _____

(Signed) Robert C. Carr, M. D.(Address) Manager, Veteran's Hospital
Excelsior Spgs. Mo.



#2 *Clay*

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

99 E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Watt, John H.
Who died at _____ on Aug - 2 - 1932
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 42 Months 11 Days 17

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Metastatic Teratoma, Retroperitoneal with degeneration
Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) Copenhagen, Denmark *Origin of testicle which was removed Dec - 5 - 1933*
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: Teratoma, was malignant

Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____
(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____
Address of physician _____

Signature of Registrar S. M. Bracker M.D. Date filed 12-11-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 198

Very truly yours,

Primary Reg. Dist. No. 3011

E. T. McGaugh, M.D.
Special Agent. *K*

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